

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Michael J. Freeman and Craig Ullman

Docket No.

5038.25

Serial No.

Filing Date

Examiner

Group Art Unit

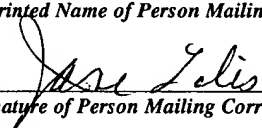
Invention:

**DIGITAL INTERACTIVE SYSTEM FOR PROVIDING FULL INTERACTIVITY WITH LIVE PROGRAMMING EVENTS**10/27/08  
09/699163  
U.S. PTO

I hereby certify that the following correspondence:

**Utility patent application transmittal; Change of Correspondence Address; Declaration; Assignment recordation cover sheet and Assignment; Specification, Claims, and Abstract; seven (7) sheets formal drawings; \$710.00 check; and \$40.00 recording fee.***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

10-31-08*(Date)*Jane Lalis*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*EF 084 879 952 US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

Please type a plus sign (+) inside this box → ☒

PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number

Filing Date

First Named Inventor

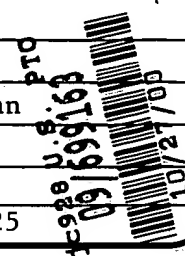
Freeman

Group Art Unit

Examiner Name

Attorney Docket Number

5038.25



Please change the Correspondence Address for the above-identified application to:



Customer Number

20686

Type Customer Number here



OR



Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :



Applicant/Inventor.



Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).



Attorney or Agent of record.



Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

John T. Kennedy

Signature

Date

10/27/00

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.